

PTO/SB/21 (12-97)

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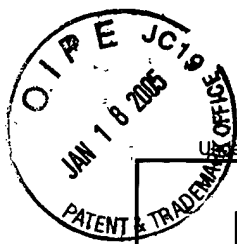
TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/686,072	
	Filing Date	10/11/2000	
	First Named Inventor	Welland, David R.	
	Group Art Unit	2816	
	Examiner Name	LE, DINH THANH	
Total Number of Pages in This Submission	5	Attorney Docket Number	75622.P0016

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	- Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request of Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Johnson & Associates Bruce A. Johnson Customer Number 30163
Signature	
Date	January 12, 2005

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Bruce A. Johnson		
Signature		Date	January 12, 2005

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**FEE TRANSMITTAL
for FY 2001**

Patent fees are subject to annual revision.

Complete if Known

Application Number	09/686,072
Filing Date	10/11/2000
First Named Inventor	David R. Welland
Examiner Name	LE, DINH THANH
Group Art Unit	2816
Attorney Docket No.	75622.P0016

TOTAL AMOUNT OF PAYMENT **\$1,520.00****METHOD OF PAYMENT**

1. ☐ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number Deposit Account Name

- ☐ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17
☐ Applicant claims small entity status. See 37 CFR 1.27

☒ **Payment Enclosed:**☐ Check ☒ Credit Card ☐ Money Order ☐ Other**FEE CALCULATION****1. BASIC FILING FEE**

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
101	790	201	395	Utility filing fee	0
106	340	206	170	Design filing fee	
107	490	207	245	Plant filing fee	
108	750	208	375	Reissue filing fee	
114	160	214	80	Provisional filing fee	

SUBTOTAL (1) **\$ 0.00****2. EXTRA CLAIM FEES**

Total Claims -20**= X \$18 = \$0.00

Independent Claims -3**= X \$88 = \$0.00

Multiple Dependent

Large Fee Code Entity Fee (\$)

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	88	202	44	Independent claims in excess of 3
104	270	204	135	Multiple dependent claim, if not paid
109	80	209	40	** Reissue independent claims over original patent
110	18	210	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) **\$0.00****3. ADDITIONAL FEES**

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath	\$0
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	\$0
139	130	139	130	Non-English specification	\$0
147	2,520	147	2,520	For filing a request for ex parte reexamination	\$0
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	\$0
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	\$0
115	110	215	55	Extension for reply within first month	\$0
116	430	216	215	Extension for reply within second month	\$0
117	980	217	490	Extension for reply within third month	\$1020.00
118	1,390	218	695	Extension for reply within fourth month	\$0
128	1,890	228	945	Extension for reply within fifth month	\$0
119	310	219	155	Notice of Appeal	\$500.00
120	310	220	155	Filing a brief in support of an appeal	\$0
121	270	221	135	Request for oral hearing	\$0
138	1,510	138	1,510	Petition to institute a public use proceeding	\$0
140	110	240	55	Petition to revive - unavoidable	\$0
141	1,240	241	620	Petition to revive - unintentional	\$0
142	1,240	242	620	Utility issue fee (or reissue)	\$0
143	440	243	220	Design issue fee	\$0
144	600	244	300	Plant issue fee	\$0
122	130	122	130	Petitions to the Commissioner	\$0
123	50	123	50	Petitions related to provisional applications	\$0
126	240	126	240	Submission of Information Disclosure Stmt	\$0
581	40	581	40	Recording each patent assignment per property (times number of properties)	\$0
146	710	246	355	Filing a submission after final rejection (37 CFR § 1.129(a))	\$0
149	710	249	355	For each additional invention to be examined (37 CFR § 1.129(h))	\$0
179	710	279	355	Request for Continued Examination (RCE)	\$0
169	900	169	900	Request for expedited examination of a design application	\$0

Other fee (specify) _____

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3)**\$1520.0****SUBMITTED BY**Name (Print/Type) **Bruce A. Johnson**

Registration No. (Attorney/Agent)

37361

Complete (if applicable)

Telephone

512-301-9900

Signature

Date

1/12/05**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

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